

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) INDEPENDENT VOICE FOR ILLINOIS PAC		FEC IDENTIFICATION NUMBER ▼ C C00572743	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee STRATEGIC MEDIA SERVICES, INC.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016		
Mailing Address 1911 N FT MYER DR STE 400			Amount 82000.00		
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SE.4314		
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2016		
Name of Federal Candidate DUCKWORTH, L TAMMY, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee STRATEGIC MEDIA SERVICES, INC.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 03 / 2016		
Mailing Address 1911 N FT MYER DR STE 400			Amount 58525.00		
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SE.4309		
Purpose of Expenditure MEDIA PLACEMENT / MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 03 / 2016		
Name of Federal Candidate DUCKWORTH, L TAMMY, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	140525.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	140525.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MERLAU, JO, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 03 / 2016

Signature